

change name + contact + owner

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM
MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# 1M1D1D1919101811121816191 Date: 4-21-93

FACILITY NAME Sheet Met Coating + Lithog Co

New Facility Name

Name Change Alltrista Metal Services Co

Location of Installation

Street _____

City/Town _____ State _____ Zip _____

County Code _____ County Name _____

Installation Mailing Address

Street _____

City/Town _____ State _____ Zip _____

Installation Contact

Last Name Mezydlo First Martin

Job Title _____ Phone # _____

Street _____

City/Town _____ State _____ Zip _____

Ownership

Name of Legal Owner Alltrista Corporation

Street 301 South High Street

City/Town Muncie State IN Zip 47307

Phone # (317) 281-5000 Land Type P Owner Type P

Waste Codes

Delete Old Waste Codes

Add New Waste Codes

Updated in RCRIS by ATK/Bdk Date 5/7/93

Waste Activity	Type	RCRA Reg. Status	RCRA Reg. Desc.
Generator	_____	_____	_____
TSD	_____	_____	_____
Transporter	_____	_____	_____
Mode of Transportation:			
Air	Rail	Highway	Water
_____	_____	_____	_____
Other	_____		
Burner/Blender	_____		

B Boiler and/or Industrial Furnace (BIF) only.
 D BIF only; Smelter Deferral.
 E BIF only; Small Quantity Exemption claimed.
 N Not a Burner/Blender, Verified
 X Other Burner/Blender Activity.
 Blank Unverified.

HWF Market to Burner _____

X Code indicates that the handler is a generator engaged in marketing to burners of hazardous waste fuel activities.

Blank No activity.

HWF Other Market _____

X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.

HWF Burner _____

B Boiler and/or Industrial Furnace.
 X Indication of activity.

OSO Market to Burner _____

X Code indicates that the handler is a generator engaged in marketing to burners of off-spec. used oil fuel.

OSO Other Market _____

X Code indicates that the Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to used oil refinery).

OSO Burner _____

B Boiler and/or Industrial Furnace.
 X Indication of Activity.

SO ACT: _____

Code indicating that the handler is engaged in marketing of specification fuel oil activities.

B Boiler and/or Industrial Furnace.
 X Indication of Activity.

Burner Types

Utility Boiler _____ Industrial Boiler _____ Ind. Furnace _____

Underground Injection Control _____

X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.

Recycler: _____

C Commercial
 R Non-Commercial Recycler
 N Not a Recycler, Verified
 Blank Not a recycler, unverified.

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**☐**A. First Notification**☒**B. Subsequent Notification**
(complete item C)**C. Installation's EPA ID Number**

M D D 9 9 0 8 1 2 8 6 9

II. Name of Installation (Include company and specific site name)

A L L T R I S T A M E T A L S E R V I C E S C O

III. Location of Installation (Physical address not P.O. Box or Route Number)**Street**

9 0 1 W E S T O S T E N D S T R E E T

Street (continued)**City or Town**

B A L T I M O R E

State**ZIP Code**

M D 2 1 2 3 0 - 1 9 2 2

County Code**County Name**

5 1 0 B A L T I M O R E C I T Y

IV. Installation Mailing Address (See Instructions)**Street or P.O. Box**

S A M E

City or Town**State****ZIP Code****V. Installation Contact (Person to be contacted regarding waste activities at site)****Name (last)****(first)**

M E Z Y D L O M A R T I N

Job Title**Phone Number (area code and number)**

P L A N T M A N A G E R 4 1 0 - 8 3 7 - 6 8 0 0

VI. Installation Contact Address (See Instructions)**A. Contact Address****Location****Mailing**☒**B. Street or P.O. Box****City or Town****State****ZIP Code****VII. Ownership (See Instructions)****A. Name of Installation's Legal Owner**

A L L T R I S T A C O R P O R A T I O N

Street, P.O. Box, or Route Number

3 0 1 S O U T H H I G H S T R E E T

City or Town**State****ZIP Code**

M U N C I E I N 4 7 3 0 7 - 5 0 0 4

Phone Number (area code and number)**B. Land Type****C. Owner Type****D. Change of Owner****Indicator****(Date Changed)****Month Day Year**

3 1 7 - 2 8 1 - 5 0 0 0 P P Yes X No 0 4 0 5 9 3

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions) ☒ 3. Treater, Storer, Disposer (all installation) Note: A permit is required for this activity; see instructions.
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify
- ☐ 4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter/Referral
☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☒

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 3 5 D 0 1 8 D 0 0 7 D 0 0 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F 0 0 3	F 0 0 5				
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See Instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: William L. Skinner Name and Official Title (type or print): William L. Skinner, Senior Vice President, Administration Date Signed: 04/05/93

XI. Comments

Notification for change of ownership.

ATK/Bdu 5/7/93

APR 8 1993

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

MD0990812869

INSTALLATION ADDRESS

ALLTRISTA METAL SERVICES COMPANY
901 W OSTEND ST
BALTIMORE, MD 212301922
BARTIN MEZYDLO PLT MGR

EPA Form 8700-12B (6-90)

EPA Form 8700-12B (4-80)

11/07/80

INSTALLATION ADDRESS

1301 S HARBURG ST
BALTIMORE

MD 21230

EPA I.D. NUMBER

MD0990812869

SHERT MET COATING & LITHOG CO
901 W OSTEND ST
BALTIMORE

MD 21230

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)





U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

MDD990812869

I. NAME OF INSTALLATION

SHEET MET COATING & LITHOG CO*
~~1201 W HAMBURG ST~~ 901 W. OSTEND ST.
BALTIMORE, MD 21230

II. INSTALLATION MAILING ADDRESS

1301 W HAMBURG ST
BALTIMORE, MD 21230

III. LOCATION OF INSTALLATION

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

RECEIVED

FOR OFFICIAL USE ONLY

COMMENTS

EPA REGION III

SEP 12 2000 000022

INSTALLATION'S EPA I.D. NUMBER APPROVED DATE RECEIVED (yr., mo., & day)

FMDD99081286931 A 800912

I. NAME OF INSTALLATION

Sheet Met Coating & Lithog Co.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3901 W. OSTEND ST.

CITY OR TOWN

ST.

ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 STUDZINSKI ALBERT PLMT. MANAGER 301-837-6800

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 GEORGE R. FRANK & GEORGE A. FRANK

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

W	A	0	0	9	9	0	8	1	2	8	6	9	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F003 23 - 26	2 F017 23 - 26	3 F005 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U161 23 - 26	32 U112 23 - 26	33 U122 23 - 26	34 U140 23 - 26	35 U117 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Albert Studzinski

Albert Studzinski MANAGER 9/6/80

Hazardous Waste Monitoring And Enforcement Log

1. EPA ID: <u>MD990812869</u>		<i>Gen</i>					
2. FACILITY NAME: <u>SWEET METAL COATING & CTR CO.</u>							
3. ADDRESS: <u>901 W. OSTEAD ST., BALTIMORE, MARYLAND 21230</u>		<i>Non Major State Inspection</i>					
4. TYPE OF REPORT:	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> UPDATE						
5. DATES OF INITIAL EVALUATION WHICH IS THE BASIS FOR THIS REPORT:	START <u>3/21/84</u> H D Y						
6. TYPE OF EVALUATION COVERED BY THIS REPORT:	<input checked="" type="checkbox"/> EVALUATION INSPECTION <input type="checkbox"/> RECORD REVIEW <input type="checkbox"/> SAMPLING INSPECTION <input type="checkbox"/> SPECIAL INSPECTION						
7. DATE OF EVALUATION COVERED BY THIS REPORT (enter only if different from 5):	START <u> </u> / <u> </u> / <u> </u> H D Y						
8. TYPE AND CLASS OF VIOLATION (enter number of violations by type and class):	Class of Violation	Area of Violation					
		GNH	CI/PC	Fin. Res.	Pl. B	Comp. Sched.	Other
	I						
	II						
<i>PERSONNEL TRAINING DOCUMENTATION VIOLATION</i>		III					✓ (1)
9. ENFORCEMENT ACTIONS for Class I Violations:							
Area of Violation	Type of Action Taken (circle one)	Date Action Taken (mdy)	Projected Compliance Date (mdy)	Actual Compliance Date (mdy)	Penalty (\$000)		
					Assessed	Collected	
_____	Informal ML/NOV AD CivAc CrimAc	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	_____	_____	
_____	Informal ML/NOV AD CivAc CrimAc	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	_____	_____	
_____	Informal ML/NOV AD CivAc CrimAc	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	_____	_____	
_____	Informal ML/NOV AD CivAc CrimAc	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	_____	_____	
10. COMMENTS: <u>MUST COMPLY WITH COMAR 10.51.05.04: CONTAINMENT SYSTEM FOR STORAGE AREA</u>							
<u>Personnel Training Documentation Violation</u>							